



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 5397**

Bib Data Sheet

SERIAL NUMBER 10/715,962	FILING DATE 11/18/2003  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. SCHWP0184USA
-----------------------------	---------------------------------------	--------------	------------------------	--

## APPLICANTS

Rainer Birkenbach, Poing, GERMANY;

Stefan Vilsmeier, Kufstein, AUSTRIA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/464,248 04/21/2003 *MK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02 028 015.2 12/13/2002 *MK*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/13/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	GERMANY	1	18	2
Examiner's Signature <i>Matthew</i> Initials <i>MK</i>				

## ADDRESS

Don W. Bulson, Esq.  
 Renner, Otto, Boisselle & Sklar, P.L.L.  
 19th Floor  
 1621 Euclid Ave.  
 Cleveland, OH  
 44115

## TITLE

Device, system and method for integrating different medically applicable apparatuses

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
------------	---	--

RECEIVED 770	No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.18 Fees ( Issue )					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					